

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>6284</u>	2. Fiscal Year Covered From: <u>1/1/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name <u>VICKI GUTIN SHAPIRO</u> P.O. Box, Bldg., Room No., if any _____ Street <u>3910 COOY ROAD</u> City <u>SHERMAN OAKS</u> State <u>CALIFORNIA</u> ZIP Code + 4 <u>91403</u>	4. Name, file number, and address of labor organization. Name <u>SCREEN ACTORS GUILD</u> Labor Organization File Number <u>000-113</u> P.O. Box, Building and Room Number, if any _____ Street <u>5757 WILSHIRE BLVD</u> City <u>LOS ANGELES</u> State <u>CALIFORNIA</u> ZIP Code + 4 <u>90036</u>
5. Position in labor organization. <u>ASSISTANT GENERAL COUNSEL</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>PARAMOUNT PICTURES</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>5555 MELROSE AVE</u> City <u>LOS ANGELES</u> State <u>CALIFORNIA</u> ZIP Code + 4 <u>90038</u>	7.a. Nature of Interest, Transaction, or Income. <u>PAID FOR MY LUNCH ON 8-11-05</u> 7.b. Amount. <u>APPROX. \$30</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Vicki Gutin Shapiro</u>	On <u>8-8-05</u>	<u>818-788-5859</u>
	Date	Telephone Number

Name of Person Filing VICKI GUTIN SHAPIRO	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name LEXIS-NEXIS</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 1900</p> <p>Street 211 W 2nd ST</p> <p>City LOS ANGELES</p> <p>State CA ZIP Code + 4 90017</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name I BELIEVE THEY DO BUSINESS WITH VARIOUS SIGNATORY EMPLOYERS (SPECIFICS UNKNOWN TO ME)</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing. PROVIDES DATA SERVICE</p> <p>11.b. Approximate dollar value of such dealing. UNKNOWN</p> <p>12.a. Nature of interest held or income received. CELEBRATED MY RETIREMENT WITH LUNCH. ALSO, SMALL PROMOTIONAL ITEMS OVER COURSE OF YEAR (PENS, MUG, ETC) 12-22-05</p> <p>12.b. Amount. APPROX \$40</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., If any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing VICKI GUTIN SHAPIRO	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name MAJOR, HAGEN & AFRICA</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 801 S. FIGUEROA 11th FLR</p> <p>City LOS ANGELES</p> <p>State CALIFORNIA ZIP Code + 4 90017</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name I BELIEVE THEY DO BUSINESS WITH VARIOUS SIGNATORY EMPLOYERS (SPECIFICS UNKNOWN TO ME)</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>PROVIDES JOB SEARCHES (ASSISTS IN LOCATING SUITABLE CANDIDATES FOR EXECUTIVE LEVEL JOB VACANCIES)</p> <p>11.b. Approximate dollar value of such dealing. UNKNOWN</p> <p>12.a. Nature of interest held or income received.</p> <p>PAID FOR MY LUNCH ON 11-18-04</p> <p>12.b. Amount. APPROX \$30</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing VICKI GUTIN SHAPIRO	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name O'MELVENY & MYERS</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 610 NEWPORT CENTER DRIVE 17TH FLOOR</p> <p>City NEWPORT BEACH</p> <p>State CA ZIP Code + 4 92660</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name I BELIEVE THE FIRM DOES BUSINESS WITH VARIOUS SIGNATORY EMPLOYERS</p> <p>Trade Name, if any: (SPECIFIC UNKNOWN TO ME)</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>PROVIDES LEGAL SERVICES</p>
	<p>11.b. Approximate dollar value of such dealing. UNKNOWN</p>
	<p>12.a. Nature of interest held or income received. LAW FIRM PAID FOR MY LUNCH ON THE FOLLOWING DATES, GENERALLY WHEN I WAS PARTICIPATING IN DEPOSITIONS COURT HEARINGS, MEDIATIONS OR SETTLEMENT CONFERENCES: 2-27, 3-1, 3-5, 3-22, 4-5, 4-6, 4-7, 5-17, 6-10, 6-22, 7-15, 8-10, 8-26, 8-27, 12-10, 12-16 (SOME DATES MAY HAVE CANCELLED)</p>
	<p>12.b. Amount. APPROX 7330</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing VICKI GUTIN SHAPIRO	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name O'MELVENY & MYERS</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 410 NEWPORT CENTER DRIVE - 17TH FLOOR</p> <p>City NEWPORT BEACH</p> <p>State CA ZIP Code + 4 92660</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name I BELIEVE THE FIRM DOES BUSINESS WITH VARIOUS SIGNATORY EMPLOYERS (SPECIFICS UNKNOWN TO ME)</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>PROVIDES LEGAL SERVICES</p> <p>11.b. Approximate dollar value of such dealing. UNKNOWN</p> <p>12.a. Nature of interest held or income received.</p> <p>CELEBRATED MY RETIREMENT WITH DINNER (MY HUSBAND ATTENDED) & GIFT OF MOVIE THEATER GIFT CERTIFICATES 12-20-05</p> <p>12.b. Amount. APPROX \$325</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing VICKI GUTIN SHAPIRO	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name THOMSON - WEST</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 2300</p> <p>Street 633 W 5th STREET</p> <p>City LOS ANGELES</p> <p>State CALIFORNIA ZIP Code + 4 90079</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name I BELIEVE THEY DO BUSINESS WITH VARIOUS SIGNATORY EMPLOYERS (SPECIFICS UNKNOWN TO ME)</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing. PROVIDES DATA SERVICE</p> <p>11.b. Approximate dollar value of such dealing. UNKNOWN</p> <p>12.a. Nature of interest held or income received. GIFT OF THERMOS</p> <p>12.b. Amount. APPROXIMATELY \$20</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing VICKI GUTIN SHAPIRO	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>_____</p>
	<p>11.b. Approximate dollar value of such dealing.</p> <p>_____</p>
	<p>12.a. Nature of interest held or income received.</p> <p>_____</p>
	<p>12.b. Amount.</p> <p>_____</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name ALSCHULER, GROSSMAN, STEIN & KAHAN LLP</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any 4th FLOOR</p> <p>Street 1620 26th STREET</p> <p>City SANTA MONICA</p> <p>State CA ZIP Code + 4 90404</p>	<p>14.a. Nature of payment.</p> <p>PAID FOR MY LUNCH 1-15-05 (FIRM BEGAN REPRESENTING SCREEN ACTORS GUILD AFTER 1-15. THEREFORE, WERE STILL "C".</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>APPROX \$30</p>

Name of Person Filing VICKI GUTIN SHAPIRO	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name ALSCHULER, GROSSMAN, STEIN & KAHAN Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any 4TH FLOOR Street 1620 26TH STREET City SANTA MONICA State CA ZIP Code + 4 90404	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <div style="text-align: center; font-size: 1.2em;"> PROVIDES LEGAL SERVICES </div> <hr/> 11.b. Approximate dollar value of such dealing. APPROX \$30,000 <hr/> 12.a. Nature of interest held or income received. <div style="text-align: center;"> PAID FOR MY LUNCH 9-22-05 ("B" BECAUSE BEGAN REPRESENTING SCREEN ACTORS GUILD BEFORE 9-22) </div> <hr/> 12.b. Amount. \$30 APPROX

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. <div style="height: 100px;"></div>
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing	VICKI GUTIN SHAPIRO	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>QUINN EMANUEL URQUHART</u> <u>OLIVER & HEDGES</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: <u>10th FLOOR</u></p> <p>Street <u>865 S. FIGUEROA ST</u></p> <p>City <u>LOS ANGELES</u></p> <p>State <u>CA</u> ZIP Code + 4 <u>90017</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>I BELIEVE THE FIRM DOES</u> <u>BUSINESS WITH VARIOUS</u></p> <p>Trade Name, if any: <u>SIGNATORY EMPLOYERS</u> <u>(SPECIFICS UNKNOWN TO ME)</u></p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>PROVIDES LEGAL SERVICES</u></p>
	<p>11.b. Approximate dollar value of such dealing. <u>UNKNOWN</u></p>
	<p>12.a. Nature of interest held or income received.</p> <p><u>MY HUSBAND AND I</u> <u>ATTENDED THEIR PARTY</u> <u>7-05</u></p>
	<p>12.b. Amount. <u>APPROX \$100</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <u>VICKI GUTIN SHAPIRO</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9. Business deals with: <div style="margin-left: 20px;"> <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer </div>
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10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <div style="height: 40px; border: 1px solid black;"></div>
	11.b. Approximate dollar value of such dealing. <div style="height: 40px; border: 1px solid black;"></div>
	12.a. Nature of interest held or income received. <div style="height: 100px; border: 1px solid black;"></div>
	12.b. Amount. <div style="height: 40px; border: 1px solid black;"></div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <u>ORRICK, HERRINGTON & SUTCLIFFE LLP</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>#3200</u> Street <u>717 S. FIGUEROA STREET</u> City <u>LOS ANGELES</u> State <u>CA</u> ZIP Code + 4 <u>90017</u>	14.a. Nature of payment. <u>ATTENDED BREAKFAST, LUNCH & SEMINAR PRESENTED BY FIRM INCLUDING SMALL PROMOTIONAL GIFTS (PEN, ETC) - 10-26-05</u>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/>	14.b. Amount of payment. <u>APPROX \$60</u>

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>_____</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>_____</p> <p>12.a. Nature of interest held or income received.</p> <p>_____</p> <p>12.b. Amount.</p> <p>_____</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name OGLETREE, DEAKINS, NASH, SNOAK & STEWART PC</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any 53rd FLOOR</p> <p>Street 233 W 5th STREET</p> <p>City LOS ANGELES</p> <p>State CA ZIP Code + 4 90071</p>	<p>14.a. Nature of payment.</p> <p>ATTENDED LUNCH & SEMINAR PRESENTED BY ARM, INCLUDING SMALL PROMOTIONAL GIFTS (PEN, ETC) - 11-16-05</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?</p>	<p>14.b. Amount of payment.</p> <p>APPROX. 50</p>

Name of Person Filing VICKI GUTIN SHAPIRO	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name LATHAM & WATKINS LLP Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street 633 W. 5th STREET City LOS ANGELES State CA ZIP Code + 4 90071-2007	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input checked="" type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name I BELIEVE THE FIRM DOES BUSINESS WITH VARIOUS Trade Name, if any: SIGNATORY EMPLOYERS (SPECIFICS UNKNOWN TO ME) P.O. Box, Bldg., Room No., if any: _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <div style="text-align: center; font-size: 1.2em;">PROVIDES LEGAL SERVICES</div> 11.b. Approximate dollar value of such dealing. UNKNOWN 12.a. Nature of interest held or income received. <div style="text-align: center; font-size: 1.2em;">FIRM PROVIDED LUNCH TO ALL THOSE ATTENDING MEDIATION 12-13-05</div> 12.b. Amount. APPROX \$15

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing <u>VICKI GUTIN SHAPIRO</u>		File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>GEFFNER & BUSH</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: <u>1100</u> Street <u>3500 W. OLIVE</u> City <u>BURBANK</u> State <u>CA</u> ZIP Code + 4 <u>91505</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>SAG-PRODUCERS PENSION & HEALTH PLANS</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street <u>3601 W. OLIVE</u> City <u>BURBANK</u> State <u>CA</u> ZIP Code + 4 <u>91518-7830</u>	11.a. Nature of such dealing. <u>PROVIDES LEGAL SERVICES</u> <hr/> 11.b. Approximate dollar value of such dealing. <u>UNKNOWN</u> <hr/> 12.a. Nature of interest held or income received. <u>PAID FOR MY LUNCH</u> <u>12-15-05</u> <hr/> 12.b. Amount. <u>APPROX \$30</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.